

Region 5 Behavioral Health Community Board

Meeting Minutes

11:30 ~ 2:30

May 1, 2013

Present:

Mick Hodges(via phone), Sally Bryan, Jaime Goffin, Kathy McRill, Mark Gritton, Scott Rasmussen, Brian Pike, Dawn Anderson, Kathy Blamires, Mike Waite, Eric Jones, Frances Wright, Delanie Valentine, LeWayne Jungert, Janelle Johnson, Helen Edwards, Rick Huber, Pat Marecki, Kim Dopson, Janice Kroeger, Debbie Thomas, Shelly McDaniel, John Hathaway, Kevin Sandau, Carmen Babb

Excused:

Angenie McCleary, Mary Christy, Tom Hanson, Bev Ashton, Lori Stewart

Next meeting:

June 5, 2013

I. Announcements

II. Business

Agenda: WITS updates - Michelle Buskey

Legislative updates - Rosie Andueza

Additions to the **Agenda**: none

Approval of Minutes:

Motion to approve minutes – Debbie Thomas

Motion seconded – Eric Jones

Minutes unanimously approved

Action Items from last meeting have been completed.

1. Michelle Buskey will consult with Jamie Teeter about "minimal efficiencies" and send to Debbie Thomas
2. Tom Hanson will send Sally the letter from the President of NAMI sent to Ross Edmunds which explains NAMI's concerns.
3. Kathy Skippen will ask Ross Edmunds if he could send regular updates on changes in laws.
4. Scott Rasmussen:
 - The Board would be interested in knowing what percent of clients being served by Region 5 AMH have an SPMI diagnosis.
 - Blaine County providers would be interested in having updates regarding the services being provided to clients in the area.

III. Discussion:

WITS Update with Jamie Teeter:

- Currently in Phase 3 of WITS Training
- July 1st is the target date to have all SUD providers using WITS.
- DHW will have a booth at the ICAAD Training

Questions:

- Entering Medicaid clients into WITS will not be required by DHW.

- Any client having state funded treatment, such as IDOC, DHW or Courts, will be required to be entered into WITS.
- A letter will be going out to private providers from the various directors explaining the need to have data entered into the WITS program.
- HL7 data elements will be added to the FAQ's on the webpage to help answer questions about what information needs to be entered initially.
- Most of the data entered in GAIN should populate into WITS. **Jamie Teeter will look at what data is not populating and address any issues on the FAQ's on the WITS website.**

Action Item #1 Minimal efficiencies

- What are the minimal data entry requirements to be able to bill in WITS?
 - Encounter note and demographics... It is explained on the website under FAQ's.
- Is there any ability to transfer data from a pre-established electronic health record and WITS?
 - The answer is no. There is not currently a system in place to transfer data.
 - Data can be fed from WITS into another data record but there is not a system currently to feed data from another record into WITS.

Action Item #2: Letter from NAMI president

- NAMI's concerns were
 - Dedicated funds for the newly formed Behavioral Health Boards that would have been created.
 - Target population is based on SPMI for eligibility.
 - NAMI wanted the Division of Behavioral Health to have oversight over Medicaid and therefore over the OPTUM managed care project.
- A solution was reached with NAMI and Behavioral Health but it wasn't in time to get it approved by the legislature.
- The Health & Welfare committee chairpersons, Lee Heider and Sheryl Nuxoll, have agreed to work over the summer to try to get the legislation proposed again next year.
- The Behavioral Health Board would like to see the legislation move forward. Ross Edmunds is not interested in proposing the legislation again unless there is full support of the legislation.
- Medicaid expansion: If Medicaid is expanded there are certain things that Medicaid won't pay for such as housing and transportation (other than medically necessary). These supportive services will be even more needed and it will be even more important that there be a local entity that can assist in developing these services.
- Health Insurance Exchange will not change the services offered by Medicaid.

Action Item #3: updates by Central Office on legislative updates:

- Ross Edmunds will keep the Behavioral Health Board aware of changes that he is aware of that would involve Behavioral Health/Substance Use Disorders.
- The Governor's office is in charge of proposing legislation which makes it tricky to get actual drafts but Ross can inform the Board of changes that are in the legislation that is being proposed.

Region 5 Behavioral Health update

- Idaho Gives campaign on May 2nd to give support for local non-profit agencies.
- Training on DSM V is being sponsored by DHW on May 3rd.

- Children's Mental Health Awareness day May 7th with a video conference and several speakers.
- Training on Ethics and Treating Suicidal clients on May 17th.
- Provide Comments regarding possible HIPAA impacts on reporting of persons with certain mental health issues to national background check database: to submit your comments go to this [website](#). Public input is also being sought on unintended consequences that such actions may have on individuals seeking mental health services. An important consideration when responding is the effect of the proposed HIPAA change on "temporary hold" cases.
- Discussion:
 - Not every individual that has been committed to the state for treatment and dispositioned to the state hospital has had their ability to obtain firearms removed from them. It does happen sometimes but it is not ordered by the judge at all times.
 - **Janice Kroeger will check to see if firearm ownership ability is removed from all people dispositioned to a mental health hospital.**
 - People may not seek services if they know this might be an issue.
 - When do clients with their rights removed get their rights restored? Currently the understanding is that they do not get their rights restored once they have been removed.
 - If the right to own a weapon is removed from any person who has been committed to a state mental institution this would increase the stigma of mental illness and contradicts the belief that people with mental illness can be treated and become better.
 - The Twin Falls Police Dept. seizes a weapon any time it is involved in a crime. If this happens during a mental health hold the police dept. seize the weapon and do a thorough trace of the weapon, then they require a release from their medical provider before returning the weapon. In some domestic violence situations the judge will actually be the person to decide if a weapon can be returned.
 - Mental Health professionals need to represent the mentally ill more correctly when we get into these types of discussions. Certain individuals with mental illnesses, if they are medicated, are no more likely to be violent than the rest of the population; however, some individuals with mental illnesses such as schizophrenia are much more likely to be violent if not medicated.
 - People who have committed a felony relinquish their rights to own weapons, with very few exceptions.
- Action Item #4: Clients being served by Region 5 with SPMI diagnoses:
 - Services offered by Region 5:
 - 56% have an SPMI diagnosis
 - 44% don't qualify for our services but we help them because our community needs these services.
 - 75% of clients served by Children's Mental Health have an SED (Serious Emotional Disturbance).
 - Clients without insurance benefits are also served by Region 5.
 - Blaine County Services
 - Clinician, Val Seeley, travels to Blaine County every Monday.
 - There is one client in Blaine County who has needed intense service and uses a majority of the services provided in that area.

- A nurse practitioner and nurse travel to Blaine County monthly.
- Discussion:
 - Private provider shortage in the region is a concern, especially if we expand Medicaid and there aren't enough providers to serve those with Medicaid.
 - It is difficult to attract professionals to want to come to this area.
 - In outlying areas there are sometimes not enough clients for a provider to be in business, which reinforces the need to have transportation for outlying areas.
 - This would be a task for the Behavioral Health Board to tackle once they have funding.
 - Private providers can access a "co-op" in which interns can provide services at a lower cost while they fill the requirements for their practicum; the provider can still bill for services. **Kevin Sandau will send Sally information on this program to share with the Board.**
 - Dr. Sheri Atkins runs the consortium in Pocatello. If you are interested in the program call 208-234-2094.
 - Private providers can make much more money in other areas which creates a problem when trying to attract providers to our area.

IV. Subcommittee discussion notes attached.

V. Subcommittee Reports to the Board

Data/Legislative Subcommittee:

WITS being used by the DHW and SUD providers was discussed and the challenges and advantages.

Current legislation and the process was discussed.

Discussed the GAIN data not being fed into the WITS system properly which is time consuming

Discussed the HIPAA issues and how a therapist would report any issues with a client reporting that they are planning to use a weapon to hurt someone – the mechanism for reporting.

Discussion on how would a law requiring a background check on mental health hospitalizations be conducted with the current system?

Community Education/Prevention Subcommittee:

Media coverage will be accessed to promote Mental Health Awareness month.

Partnership in the Park with South Central Community Action: our booth is reserved and we have a large spot with shade and power so we can show video if we choose to; the date is Sept. 21, 2013.

Booth ideas: What is mental illness vs. developmental disorders vs. substance induced mental illness? The goal will be to provide accurate information

Support Services:

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Issues:

PSR training was sponsored by DHW which was helpful but there is still a great need to have trainings for private providers.

Restorative conferencing is being used by juvenile courts but it has a cost attached to it which means there is a need for funding this kind of service if others were to use it. The grant process could be used to access some funding for this process. **Kevin Sandau will send Sally information on the grant.**

"Right now, conferences are funded through 'grants' from the Idaho Department of Juvenile Corrections. There are 3 funding streams - 1 is for youth with a mental health diagnosis (includes ADHD and the regular MH diagnoses); 1 is for Reentry, that is youth coming out of IDJC; the other for youth whose crime(s) qualifies them to be sent to IDJC, however they are being diverted to community based supervision and treatment. In addition to those three, I just received some funding from St. Luke's that included some money for conferences, based on a restorative conference can have a positive impact on a crime victim's harm/trauma therefore reducing related PTSD symptoms." - LeWayne Jungert

Conclusion:

Next Meeting: June 5, 2013, 601 Pole Line Road, 11:30 ~ 2:30